

## **Summary of Student Comments about the Step 2 Clinical Skills Exam**

(880 medical students responded to a Web survey distributed to OSR Reps via the OSR listserv)

### **Clinical skills teaching in medical school curricula**

- 68.1% of respondents had to receive a passing score on the Step 2 CS
- 31.9% had to sit for the exam, but did not have to pass.
- 83.3% of students surveyed had a formal training program to prepare for Step 2 CS.
- Of those schools who incorporated clinical skills into their curriculum:
  - 99% of students were required to take the course
  - 94% had to achieve a minimal passing score in the course
  - Of those students who had taken Step 2 CS, 89% felt that Step 2 CS was about the same or less comprehensive than their institution's course in clinical skills
  - 90.6% felt adequately prepared to take the exam
- Of those schools *without* a clinical skills component:
  - 85.7% who had taken Step 2 CS felt adequately prepared.

### **Financial concerns**

- Cost was the single most common complaint among students surveyed, mentioned in almost all responses.
- Cost was not included in the financial aid packages of some students.
- Costs of travel increased the price of the exam by hundreds of dollars for many students.
- Additional burden in the 4<sup>th</sup> year, during which students must also budget for interview travel and expenses.

### **Validity of exam**

- If the exam is intended to assess clinical skills and identify areas needing improvement, then it would be extremely helpful to receive more detailed feedback.
- One-day exam, very limited picture of student's clinical abilities.
- Artificial situation/circumstances, not realistic or representative of a typical patient encounter.
- Does passing this exam signify that a physician is "competent?" How does performance on this exam correlate with clinical practice and aptitude post-graduation? Can this even be measured?
- Concerns about standardized patients – anecdotal reports of inaccurate physical findings, inconsistent histories, fatigue affecting interaction, inability to establish normal doctor-patient rapport – possible lack of objectivity.
- Desire for evidence that the exam will improve health care delivery and patient care in a measurable, positive way.

### **Perception that the exam is redundant/unnecessary**

- This information is already incorporated and extensively tested in the curricula of most U.S. medical schools.
- Constantly evaluated on these clinical skills during the 3<sup>rd</sup> and 4<sup>th</sup> years.
- Many institutions require OSCEs or comparable exams that students felt were more comprehensive.
- Common question from students: why not require all U.S. medical skills to perform a clinical skills exam for graduation to maintain accreditation (i.e. make it the medical schools' responsibility)?

### **Logistics/Test Administration/Number of Sites**

- Customer service perceived as poor/unhelpful.
- Frustration about storage of baggage, lunch at the site, rude proctors.
- Continued desire that additional sites be opened to reduce costs for students.
- Better communication of available dates and times at testing sites – students seem to be having difficulty with scheduling.

### **Score Reporting**

- Lack of feedback was the main concern, whether passing or failing.
- Unpredictable and sometimes slow reporting of scores was a major source of frustration.